


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

| | |
|--|---|
| DOCUMENT # A96000002382 |  |
| 1. Entity Name OAKFIELD PROPERTIES LIMITED, LLLP | |

FILED

2007 MAR 27 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|---|--|
| Principal Place of Business 4641 JOHN MOORE ROAD BRANDON FL 33511 | Mailing Address PO BOX 1385 BRANDON FL 33509 |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State Zip | City & State Zip |
| Country | Country |

1st MOORE CR2E003 (10/06)

| | |
|------------------------------------|--|
| 4. FEI Number 59-3417829 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent HINES, JAMES P ESQUIRE C/O HINES & ASSOCIATES, P.A. 315 S. HYDE PARK AVENUE TAMPA FL 33606 | |
|--|--|

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|--------------------------|--------------------------|--|
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | BURLEY, BOYD W TRUSTEE | CITY ST ZIP | |
| STREET ADDRESS | 4641 JOHN MOORE ROAD | | |
| CITY ST ZIP | BRANDON FL 33511 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | BURLEY, MARY LEE TRUSTEE | CITY ST ZIP | |
| STREET ADDRESS | 4641 JOHN MOORE ROAD | | |
| CITY ST ZIP | BRANDON FL 33511 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | BURLEY, MARY LEE TRUSTEE | CITY ST ZIP | |
| STREET ADDRESS | 4641 JOHN MOORE ROAD | | |
| CITY ST ZIP | BRANDON FL 33511 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | BURLEY, BOYD W TRUSTEE | CITY ST ZIP | |
| STREET ADDRESS | 4621 JOHN MOORE ROAD | | |
| CITY ST ZIP | BRANDON FL 33511 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | CITY ST ZIP | |
| STREET ADDRESS | | | |
| CITY ST ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | CITY ST ZIP | |
| STREET ADDRESS | | | |
| CITY ST ZIP | | | |

800095702118
04/03/07--01055--002 **500.00

4641 JOHN MOORE ROAD
BRANDON, FL 33511

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

| | | |
|--|---------------------|--------------------------------------|
| SIGNATURE:  | Date: 3/8/07 | Daytime Phone #: 813/685-1585 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | |

STAPLE CHECK HERE